

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **986-04-005**

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **03-11-2024**

Program Type/Facility Name: **04-005 Poplar Springs-Adolescents**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Poplar Springs-Adolescents This regulation was NOT MET as evidenced by: See OHR citation.		

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License #: **986-04-005**

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **03-11-2024**

Program Type/Facility Name: **04-005 Poplar Springs-Adolescents**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Poplar Springs-Adolescents This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon the review of CHRIS entries, CHRIS entries A:20240002 & A:20240003 the provider's investigation included a review of video footage which revealed: • Employee #1 failed to provide adequate supervision for Individual #1, Individual #2, and the hallway. • Individual #1 and Individual #2 engaged in sexualized behavior and personal boundary violations. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 04/08/2024 The provider acknowledges this citation and agrees with issuance of it. Upon notification of this incident, the Director of Risk Management completed an internal investigation. It was determined that our staff failed to provide appropriate supervision. As a result, Employee 1 was given a corrective action plan due to their lapse in providing appropriate supervision. The corrective action plan addressed concerns regarding supervision but also concerns regarding failing to recognize inappropriate patient boundaries. Employee 1 was retrained on rounding expectations. To prevent future occurrences of this incident, the provider and its administrative staff completed weekly in person and camera reviews to ensure the completion of timely rounds and reinforced rounding expectations. Additionally, those staff who did not provide timely rounds during the administrative rounds are identified earlier and provided either additional training or disciplinary actions. OHR/OLR) Accepted 04/24/2024	04/01/2024 00:00:00

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Program Type/Facility Name: **04-005 Poplar Springs-Adolescents**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
_____ Andrea Milhouse, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				